

# Group Critical Illness Insurance – Portability Benefit Highlights

## Hartford Life and Accident Insurance Company (A stock insurance company)

Home Office: Hartford, Connecticut Phone: 877-320-0484

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.



### COVERAGE INFORMATION & PORTABILITY OFFER

Critical illness insurance pays a cash benefit if you or an insured dependent (spouse/partner or child) are diagnosed with a covered illness. The benefits are paid in lump sum amounts to you, and can be used to pay for health care expenses not covered by your major medical insurance, help maintain your standard of living while out of work, or however you choose. Critical illness insurance through The Hartford's group critical illness portability policy is available in certain circumstances when insurance under a group critical illness insurance plan offered by an employer (or other group) ends.

Under The Hartford's group critical illness portability policy, you have a choice of three critical illness plans each with varying levels of benefits. This choice allows you the flexibility to enroll for the coverage that best meets your current financial protection needs. Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

### COVERAGE AMOUNTS

The coverage amount that you (the primary insured) can request under the group critical illness portability policy must be equal to or less than the coverage amount that was in effect for you under the prior group plan(s). Your coverage amount cannot be less than \$5,000 and must be an increment of \$5,000. Your coverage amount reduces by 50% when you reach age 70. (If you don't know your coverage amount under the prior group plan(s), contact The Hartford toll-free at 877-320-0484 for assistance.)

The coverage amount for your insured spouse/partner (if applicable) under the portability policy is 50% of your coverage amount. (When your coverage amount reduces at age 70, your spouse/partner's amount also reduces.) The coverage amount for any insured dependent child(ren) is \$5,000. Dependent coverage is only available if a coverage tier including dependent(s) is elected under the portability policy.

### BENEFITS & FEATURES

COVERED ILLNESSES	BENEFIT AMOUNTS	INCLUDED OR NOT INCLUDED IN PLAN		
		Plan 1	Plan 2	Plan 3
<b>Cancer Conditions</b>				
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount	Included	Included	Included
Non-invasive Cancer	25% of coverage amount	Included	Included	Included
<b>Vascular Conditions</b>				
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount	Included	Included	Included
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount	Included	Included	Included
<b>Other Specified Conditions</b>				
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount	Included	Included	Included
Bone Marrow Transplant	25% of coverage amount	Included	Included	Included
<b>Neurological Conditions</b>				
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount	Not Included	Included	Included
<b>Child Conditions</b>				
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida	100% of coverage amount	Not Included	Included	Included
<b>ADDITIONAL BENEFITS</b>				
		Plan 1	Plan 2	Plan 3
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of coverage amount	Not Included	Included	Included
Second Opinion Cancer	\$500 per diagnosis	Not Included	Not Included	Included
Prosthesis/Wig	\$500 one time	Not Included	Not Included	Included
Rehabilitation Facility	\$50 per day up to 10 days	Not Included	Not Included	Included
Home Health Care	\$50 per day up to 10 days	Not Included	Not Included	Included
Physical Therapy	\$50 per visit up to 10 days	Not Included	Not Included	Included
Transportation	\$100 per trip up to 5 trips	Not Included	Not Included	Included
Lodging	\$100 per night up to 5 nights	Not Included	Not Included	Included
<b>FEATURES</b>				
		Plan 1	Plan 2	Plan 3
Coverage Maximum – Primary Insured & Spouse/Partner	500% of coverage amount	Included	Included	Included
Coverage Maximum – Child(ren)	300% of coverage amount	Included	Included	Included
Ability Assist® EAP <sup>1</sup> – 24/7/265 access to help for financial, legal or emotional issues		Included	Included	Included
HealthChampion <sup>SM1</sup> – Administrative and clinical support following serious illness or injury		Included	Included	Included



IN 2014, AN ESTIMATED 620,000 AMERICANS WILL HAVE A NEW CORONARY ATTACK AND 295,000 WILL HAVE A RECURRENT ATTACK – THAT’S NEARLY 1 MILLION CORONARY ATTACKS A YEAR.<sup>2</sup>

## ASKED & ANSWERED

**Who is eligible?** Insurance through The Hartford’s group critical illness portability policy is available when a qualifying event under a group critical illness insurance plan offered by an employer (or other group) ends. Please see the portability provision in the prior group plan for specific details.

Anyone insured under the prior group plan at the time of the qualifying event is eligible under the portability policy, subject to the following: 1) the primary insured under the portability policy must be less than age 80 to be eligible; and 2) your dependent child(ren) must be under age 26 to be eligible. Your coverage tier may change (from what you had under the prior group plan) based on who is eligible when you request portability.

**Who is the “primary insured?”** If the employee/member under the prior group plan is eligible to elect portability, then the employee/member is the primary insured under the portability policy. If the spouse/partner under the prior group plan is eligible to elect portability (in the event of divorce/legal separation from or death of the employee, then the spouse/partner is the primary insured under the portability policy.

**When can I request coverage under the portability policy?** Your request form and initial premium payment should be submitted within 31 days from the date group critical illness insurance under the prior group plan ends. An extension of the request period is available in certain circumstances. In any event, a request received more than 91 days after group critical illness insurance under the prior plan ends will not be accepted.

**How much does this insurance cost?** Monthly premiums for each available coverage amount and tier are shown in the Coverage & Premium Worksheets that follow for each of the three plans, Plan 1, Plan 2 and Plan 3. Remember, the coverage amount you elect must be equal to or less than the coverage amount that was in effect for you under the prior group plan(s).

**Am I guaranteed coverage?** This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health.<sup>3</sup> All you have to do is elect the coverage to become insured.

**How do I pay for this insurance?** Your initial quarterly premium payment is payable via check or money order at the time you request coverage, as indicated on the portability request form. Upon receipt of subsequent bills, you will have the option to continue receiving paper bills and paying via check/money order, or you can choose to have future premiums paid with automated bank draft.

**When does this insurance begin?** If your request form and initial premium payment are accepted, insurance under the portability policy begins the first day of the month following the day group critical illness insurance under the prior group plan ends. Your initial quarterly premium payment is applied from this date.

**When does this insurance end?** This insurance will end when the earliest of the following occurs:

- § The date the policy terminates
  - § The date the required premium is due but not paid
  - § The last day of the month following the date you request we terminate coverage
  - § The date you again become insured under the prior group plan (ex. if you return to work with your former employer)
  - § The last day of the month following the date a covered person enters service in the armed forces or units auxiliary to them
  - § The first day of the year following the date you attain age 80
- Insurance for your dependent(s) will also end when the earliest of the following occurs:
- § The last day of the month following the date a child no longer meets the definition of “dependent child” within the certificate
  - § The last day of the month following the date that you and your spouse are no longer legally married or legally terminate your relationship

**A SERIOUS ILLNESS CAN BE DEVASTATING.  
THE RIGHT INSURANCE COVERAGE CAN HELP.**

## LIMITATIONS & EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

**Benefit Separation Periods.** If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then no separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 6 month separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 12 month separation period applies.

**Pre-Existing Condition Limitation.** We will not pay a benefit or any increase in benefits for any critical illness for a pre-existing condition, unless at the time of a positive diagnosis a covered person has been continuously insured under the policy or any prior group plan for 12 months (6 months for residents of CO, ID and SD). Pre-existing condition, as used in this limitation, means any critical illness for which medical care is received within the 12 month period (6 months for residents of ID, ME, MT and NH) prior to the effective date of insurance for a covered person or prior to the effective date of any increase in coverage for a covered person, under the policy or any prior group plan.

**Exclusions.** This insurance does not provide benefits for any loss that results from or is caused by:

- § War or act of war, declared or undeclared
- § A covered person's participation in a felony, riot or insurrection
- § A covered person's engaging in any illegal occupation
- § A covered person's service in the armed forces or units auxiliary to them

**General Limitations.** Benefits under the policy are not payable for any covered illness:

- § Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- § Diagnosed during an applicable benefit separation period
- § For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- § For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

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## NOTICES

**THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.** This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In NY: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

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<sup>1</sup>HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> are offered through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Ability Assist is a registered trademark and HealthChampion is a service mark of ComPsych Corporation.

<sup>2</sup> Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Blaha MJ, Dai S, Ford ES, Fox CS, Franco S, Fullerton HJ, Gillespie C, Hailpern SM, Heit JA, Howard VJ, Huffman MD, Judd SE, Kissela BM, Kittner SJ, Lackland DT, Lichtman JH, Lisabeth LD, Mackey RH, Magid DJ, Marcus GM, Marelli A, Matchar DB, McGuire DK, Mohler ER 3rd, Moy CS, Mussolini ME, Neumar RW, Nichols G, Pandey DK, Paynter NP, Reeves MJ, Sorlie PD, Stein J, Towfighi A, Turan TN, Virani SS, Wong ND, Woo D, Turner MB; on behalf of the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics – 2014 update: a report from the American Heart Association. *Circulation*. 2014; published online December 18, 2013. 10.1161/01.cir.0000441139.02102.80. Pg. 229 of 268.

<sup>3</sup>The Critical Illness policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

<sup>4</sup>Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

## COVERAGE & PREMIUM WORKSHEET FOR PLAN 1

The amounts shown are **MONTHLY** amounts. The portability policy uses attained age/step premiums. This means that your premium will increase to the next age band as of the first of the month that follows the date you attain the first age of the subsequent band.

**Step 1:** Select the plan you want – Plan 1, Plan 2 or Plan 3 – by marking the plan in the designated location on the portability request form.

**This worksheet presents the premiums for Plan 1.** Rates and/or benefits may be changed on a class basis.

**Step 2:** Select the coverage amount you want to elect. Remember, the coverage amount you elect must be equal to or less than the coverage amount that was in effect for you under the prior group plan(s). Enter your elected coverage amount into the designated location on the portability request form. If the coverage amount you want isn't shown below, please call 877-320-0484 for assistance.

**Step 3:** Select the coverage tier you want to elect by marking the tier in the designated location on the portability request form. Remember, anyone insured under the prior group plan at the time of the qualifying event is eligible under the portability policy, and your coverage tier may change (from what you had under the prior group plan) based on who is eligible when you request portability. "PI Only" = Primary Insured (PI) Only; "PI & SP" = PI and Spouse/Partner; "PI & CH" = PI and Child(ren); "PI & FAM" = PI and Family

**Step 4:** For the coverage amount you've elected, locate the age band in which your current age falls. Your monthly premium amount is found in the box where the row (your age) and the column (your elected coverage tier) intersect. Enter your monthly premium amount into the designated location on the portability request form.

### Plan 1 \$5,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$1.35	\$2.03	\$3.30	\$4.45
25 - 29	\$1.83	\$2.74	\$3.78	\$5.15
30 - 34	\$2.56	\$3.83	\$4.51	\$6.24
35 - 39	\$3.97	\$5.95	\$5.92	\$8.36
40 - 44	\$6.91	\$10.40	\$8.86	\$12.82
45 - 49	\$11.63	\$17.67	\$13.58	\$20.09
50 - 54	\$17.44	\$26.66	\$19.39	\$29.08
55 - 59	\$24.39	\$37.49	\$26.34	\$39.90
60 - 64	\$35.49	\$54.69	\$37.43	\$57.11
65 - 69	\$49.20	\$75.60	\$51.15	\$78.01
70 - 74	\$32.78	\$50.35	\$33.76	\$51.55
75 - 79	\$43.07	\$65.97	\$44.04	\$67.18

### Plan 1 \$10,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$2.70	\$4.06	\$4.65	\$6.48
25 - 29	\$3.66	\$5.48	\$5.61	\$7.89
30 - 34	\$5.11	\$7.66	\$7.06	\$10.07
35 - 39	\$7.94	\$11.90	\$9.89	\$14.31
40 - 44	\$13.83	\$20.81	\$15.78	\$23.22
45 - 49	\$23.27	\$35.35	\$25.22	\$37.76
50 - 54	\$34.88	\$53.33	\$36.83	\$55.74
55 - 59	\$48.78	\$74.97	\$50.73	\$77.39
60 - 64	\$70.97	\$109.39	\$72.92	\$111.80
65 - 69	\$98.41	\$151.20	\$100.36	\$153.61
70 - 74	\$65.57	\$100.69	\$66.54	\$101.90
75 - 79	\$86.14	\$131.94	\$87.11	\$133.15

### Plan 1 \$15,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$4.05	\$6.09	\$6.00	\$8.51
25 - 29	\$5.49	\$8.22	\$7.44	\$10.63
30 - 34	\$7.67	\$11.49	\$9.62	\$13.90
35 - 39	\$11.92	\$17.84	\$13.86	\$20.26
40 - 44	\$20.74	\$31.21	\$22.69	\$33.63
45 - 49	\$34.90	\$53.02	\$36.85	\$55.43
50 - 54	\$52.33	\$79.99	\$54.27	\$82.41
55 - 59	\$73.17	\$112.46	\$75.12	\$114.87
60 - 64	\$106.46	\$164.08	\$108.41	\$166.50
65 - 69	\$147.61	\$226.79	\$149.56	\$229.21
70 - 74	\$98.35	\$151.04	\$99.33	\$152.25
75 - 79	\$129.21	\$197.91	\$130.18	\$199.12

### Plan 1 \$20,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$5.40	\$8.13	\$7.35	\$10.54
25 - 29	\$7.32	\$10.96	\$9.27	\$13.37
30 - 34	\$10.23	\$15.32	\$12.18	\$17.73
35 - 39	\$15.89	\$23.79	\$17.84	\$26.21
40 - 44	\$27.66	\$41.62	\$29.61	\$44.03
45 - 49	\$46.53	\$70.69	\$48.48	\$73.11
50 - 54	\$69.77	\$106.66	\$71.72	\$109.07
55 - 59	\$97.57	\$149.95	\$99.51	\$152.36
60 - 64	\$141.94	\$218.78	\$143.89	\$221.19
65 - 69	\$196.81	\$302.39	\$198.76	\$304.81
70 - 74	\$131.14	\$201.39	\$132.11	\$202.59
75 - 79	\$172.28	\$263.88	\$173.25	\$265.09

### Plan 1 \$25,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$6.75	\$10.16	\$8.70	\$12.57
25 - 29	\$9.15	\$13.70	\$11.10	\$16.11
30 - 34	\$12.79	\$19.15	\$14.73	\$21.56
35 - 39	\$19.86	\$29.74	\$21.81	\$32.15
40 - 44	\$34.57	\$52.02	\$36.52	\$54.44
45 - 49	\$58.17	\$88.37	\$60.12	\$90.78
50 - 54	\$87.21	\$133.32	\$89.16	\$135.74
55 - 59	\$121.96	\$187.43	\$123.91	\$189.85
60 - 64	\$177.43	\$273.47	\$179.38	\$275.89
65 - 69	\$246.02	\$377.99	\$247.97	\$380.40
70 - 74	\$163.92	\$251.73	\$164.89	\$252.94
75 - 79	\$215.35	\$329.85	\$216.32	\$331.06

### Plan 1 \$30,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$8.10	\$12.19	\$10.05	\$14.60
25 - 29	\$10.98	\$16.44	\$12.93	\$18.85
30 - 34	\$15.34	\$22.97	\$17.29	\$25.39
35 - 39	\$23.83	\$35.69	\$25.78	\$38.10
40 - 44	\$41.49	\$62.43	\$43.44	\$64.84
45 - 49	\$69.80	\$106.04	\$71.75	\$108.45
50 - 54	\$104.65	\$159.99	\$106.60	\$162.40
55 - 59	\$146.35	\$224.92	\$148.30	\$227.33
60 - 64	\$212.92	\$328.17	\$214.86	\$330.58
65 - 69	\$295.22	\$453.59	\$297.17	\$456.00
70 - 74	\$196.70	\$302.08	\$197.68	\$303.29
75 - 79	\$258.42	\$395.82	\$259.39	\$397.03

### Plan 1 \$40,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$10.80	\$16.25	\$12.75	\$18.67
25 - 29	\$14.64	\$21.92	\$16.58	\$24.33
30 - 34	\$20.46	\$30.63	\$22.41	\$33.05
35 - 39	\$31.77	\$47.58	\$33.72	\$50.00
40 - 44	\$55.32	\$83.24	\$57.27	\$85.65
45 - 49	\$93.07	\$141.39	\$95.01	\$143.80
50 - 54	\$139.54	\$213.32	\$141.48	\$215.73
55 - 59	\$195.13	\$299.89	\$197.08	\$302.31
60 - 64	\$283.89	\$437.55	\$285.84	\$439.97
65 - 69	\$393.63	\$604.78	\$395.58	\$607.20
70 - 74	\$262.27	\$402.77	\$263.25	\$403.98
75 - 79	\$344.56	\$527.76	\$345.53	\$528.96

### Plan 1 \$50,000 Primary Insured Coverage Amount

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$13.51	\$20.32	\$15.45	\$22.73
25 - 29	\$18.29	\$27.40	\$20.24	\$29.81
30 - 34	\$25.57	\$38.29	\$27.52	\$40.71
35 - 39	\$39.72	\$59.48	\$41.67	\$61.89
40 - 44	\$69.15	\$104.05	\$71.10	\$106.46
45 - 49	\$116.33	\$176.73	\$118.28	\$179.15
50 - 54	\$174.42	\$266.65	\$176.37	\$269.06
55 - 59	\$243.91	\$374.87	\$245.86	\$377.28
60 - 64	\$354.86	\$546.94	\$356.81	\$549.36
65 - 69	\$492.04	\$755.98	\$493.99	\$758.39
70 - 74	\$327.84	\$503.47	\$328.82	\$504.67
75 - 79	\$430.70	\$659.70	\$431.67	\$660.90

**COVERAGE & PREMIUM WORKSHEET FOR PLAN 2**

The amounts shown are **MONTHLY** amounts. The portability policy uses attained age/step premiums. This means that your premium will increase to the next age band as of the first of the month that follows the date you attain the first age of the subsequent band.

**Step 1:** Select the plan you want, Plan 1, Plan 2 or Plan 3, by marking the plan in the designated location on the portability request form.

**This worksheet presents the premiums for Plan 2.** Rates and/or benefits may be changed on a class basis.

**Step 2:** Select the coverage amount you want to elect. Remember, the coverage amount you elect must be equal to or less than the coverage amount that was in effect for you under the prior group plan(s). Enter your elected coverage amount into the designated location on the portability request form. If the coverage amount you want isn't shown below, please call 877-320-0484 for assistance.

**Step 3:** Select the coverage tier you want to elect by marking the tier in the designated location on the portability request form. Remember, anyone insured under the prior group plan at the time of the qualifying event is eligible under the portability policy, and your coverage tier may change (from what you had under the prior group plan) based on who is eligible when you request portability. "PI Only" = Primary Insured (PI) Only; "PI & SP" = PI and Spouse/Partner; "PI & CH" = PI and Child(ren); "PI & FAM" = PI and Family

**Step 4:** For the coverage amount you've elected, locate the age band in which your current age falls. Your monthly premium amount is found in the box where the row (your age) and the column (your elected coverage tier) intersect. Enter your monthly premium amount into the designated location on the portability request form.

**Plan 2 \$5,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$1.49	\$2.23	\$4.61	\$6.10
25 - 29	\$2.09	\$3.13	\$5.21	\$6.99
30 - 34	\$2.98	\$4.45	\$6.10	\$8.32
35 - 39	\$4.59	\$6.86	\$7.71	\$10.72
40 - 44	\$7.80	\$11.71	\$10.92	\$15.58
45 - 49	\$12.99	\$19.69	\$16.11	\$23.56
50 - 54	\$19.39	\$29.59	\$22.51	\$33.46
55 - 59	\$27.08	\$41.56	\$30.20	\$45.43
60 - 64	\$39.37	\$60.60	\$42.49	\$64.47
65 - 69	\$54.13	\$83.08	\$57.25	\$86.95
70 - 74	\$36.01	\$55.27	\$37.57	\$57.20
75 - 79	\$47.08	\$72.08	\$48.64	\$74.01

**Plan 2 \$10,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$2.97	\$4.47	\$6.09	\$8.34
25 - 29	\$4.18	\$6.26	\$7.30	\$10.12
30 - 34	\$5.96	\$8.90	\$9.08	\$12.77
35 - 39	\$9.18	\$13.71	\$12.30	\$17.58
40 - 44	\$15.59	\$23.42	\$18.71	\$27.29
45 - 49	\$25.97	\$39.38	\$29.09	\$43.25
50 - 54	\$38.77	\$59.18	\$41.89	\$63.05
55 - 59	\$54.16	\$83.12	\$57.28	\$86.99
60 - 64	\$78.75	\$121.20	\$81.87	\$125.07
65 - 69	\$108.25	\$166.17	\$111.37	\$170.03
70 - 74	\$72.02	\$110.54	\$73.58	\$112.47
75 - 79	\$94.16	\$144.16	\$95.72	\$146.09

**Plan 2 \$15,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$4.46	\$6.70	\$7.58	\$10.57
25 - 29	\$6.28	\$9.38	\$9.40	\$13.25
30 - 34	\$8.94	\$13.35	\$12.06	\$17.22
35 - 39	\$13.76	\$20.57	\$16.88	\$24.43
40 - 44	\$23.39	\$35.14	\$26.51	\$39.00
45 - 49	\$38.96	\$59.08	\$42.08	\$62.94
50 - 54	\$58.16	\$88.78	\$61.28	\$92.64
55 - 59	\$81.24	\$124.68	\$84.36	\$128.55
60 - 64	\$118.12	\$181.80	\$121.24	\$185.67
65 - 69	\$162.38	\$249.25	\$165.50	\$253.11
70 - 74	\$108.04	\$165.80	\$109.60	\$167.74
75 - 79	\$141.24	\$216.24	\$142.80	\$218.17

**Plan 2 \$20,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$5.95	\$8.94	\$9.07	\$12.80
25 - 29	\$8.37	\$12.51	\$11.49	\$16.38
30 - 34	\$11.92	\$17.80	\$15.04	\$21.67
35 - 39	\$18.35	\$27.42	\$21.47	\$31.29
40 - 44	\$31.19	\$46.85	\$34.31	\$50.71
45 - 49	\$51.94	\$78.77	\$55.06	\$82.63
50 - 54	\$77.54	\$118.37	\$80.66	\$122.24
55 - 59	\$108.32	\$166.24	\$111.44	\$170.11
60 - 64	\$157.49	\$242.40	\$160.61	\$246.27
65 - 69	\$216.50	\$332.33	\$219.63	\$336.20
70 - 74	\$144.05	\$221.07	\$145.61	\$223.01
75 - 79	\$188.33	\$288.32	\$189.89	\$290.25

**Plan 2 \$25,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$7.43	\$11.17	\$10.55	\$15.04
25 - 29	\$10.46	\$15.64	\$13.58	\$19.51
30 - 34	\$14.89	\$22.25	\$18.01	\$26.12
35 - 39	\$22.94	\$34.28	\$26.06	\$38.15
40 - 44	\$38.98	\$58.56	\$42.10	\$62.43
45 - 49	\$64.93	\$98.46	\$68.05	\$102.33
50 - 54	\$96.93	\$147.96	\$100.05	\$151.83
55 - 59	\$135.40	\$207.80	\$138.52	\$211.67
60 - 64	\$196.86	\$303.00	\$199.98	\$306.87
65 - 69	\$270.63	\$415.41	\$273.75	\$419.28
70 - 74	\$180.06	\$276.34	\$181.62	\$278.27
75 - 79	\$235.41	\$360.40	\$236.97	\$362.33

**Plan 2 \$30,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$8.92	\$13.41	\$12.04	\$17.27
25 - 29	\$12.55	\$18.77	\$15.67	\$22.64
30 - 34	\$17.87	\$26.70	\$20.99	\$30.57
35 - 39	\$27.53	\$41.14	\$30.65	\$45.00
40 - 44	\$46.78	\$70.27	\$49.90	\$74.14
45 - 49	\$77.91	\$118.15	\$81.03	\$122.02
50 - 54	\$116.31	\$177.55	\$119.43	\$181.42
55 - 59	\$162.48	\$249.36	\$165.60	\$253.23
60 - 64	\$236.24	\$363.60	\$239.36	\$367.47
65 - 69	\$324.76	\$498.50	\$327.88	\$502.36
70 - 74	\$216.07	\$331.61	\$217.63	\$333.54
75 - 79	\$282.49	\$432.48	\$284.05	\$434.41

**Plan 2 \$40,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$11.90	\$17.87	\$15.02	\$21.74
25 - 29	\$16.74	\$25.03	\$19.86	\$28.89
30 - 34	\$23.83	\$35.60	\$26.95	\$39.47
35 - 39	\$36.70	\$54.85	\$39.82	\$58.72
40 - 44	\$62.37	\$93.70	\$65.50	\$97.56
45 - 49	\$103.88	\$157.54	\$107.00	\$161.40
50 - 54	\$155.08	\$236.74	\$158.20	\$240.61
55 - 59	\$216.64	\$332.48	\$219.76	\$336.35
60 - 64	\$314.98	\$484.81	\$318.10	\$488.67
65 - 69	\$433.01	\$664.66	\$436.13	\$668.53
70 - 74	\$288.09	\$442.14	\$289.65	\$444.08
75 - 79	\$376.65	\$576.64	\$378.21	\$578.57

**Plan 2 \$50,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$14.87	\$22.34	\$17.99	\$26.21
25 - 29	\$20.92	\$31.28	\$24.04	\$35.15
30 - 34	\$29.79	\$44.50	\$32.91	\$48.37
35 - 39	\$45.88	\$68.56	\$49.00	\$72.43
40 - 44	\$77.97	\$117.12	\$81.09	\$120.99
45 - 49	\$129.85	\$196.92	\$132.97	\$200.79
50 - 54	\$193.85	\$295.92	\$196.97	\$299.79
55 - 59	\$270.80	\$415.60	\$273.92	\$419.47
60 - 64	\$393.73	\$606.01	\$396.85	\$609.87
65 - 69	\$541.26	\$830.83	\$544.38	\$834.69
70 - 74	\$360.12	\$552.68	\$361.68	\$554.61
75 - 79	\$470.82	\$720.80	\$472.38	\$722.73

**COVERAGE & PREMIUM WORKSHEET FOR PLAN 3**

The amounts shown are **MONTHLY** amounts. The portability policy uses attained age/step premiums. This means that your premium will increase to the next age band as of the first of the month that follows the date you attain the first age of the subsequent band.

**Step 1:** Select the plan you want, Plan 1, Plan 2 or Plan 3, by marking the plan in the designated location on the portability request form.

**This worksheet presents the premiums for Plan 3.** Rates and/or benefits may be changed on a class basis.

**Step 2:** Select the coverage amount you want to elect. Remember, the coverage amount you elect must be equal to or less than the coverage amount that was in effect for you under the prior group plan(s). Enter your elected coverage amount into the designated location on the portability request form. If the coverage amount you want isn't shown below, please call 877-320-0484 for assistance.

**Step 3:** Select the coverage tier you want to elect by marking the tier in the designated location on the portability request form. Remember, anyone insured under the prior group plan at the time of the qualifying event is eligible under the portability policy, and your coverage tier may change (from what you had under the prior group plan) based on who is eligible when you request portability. "PI Only" = Primary Insured (PI) Only; "PI & SP" = PI and Spouse/Partner; "PI & CH" = PI and Child(ren); "PI & FAM" = PI and Family

**Step 4:** For the coverage amount you've elected, locate the age band in which your current age falls. Your monthly premium amount is found in the box where the row (your age) and the column (your elected coverage tier) intersect. Enter your monthly premium amount into the designated location on the portability request form.

**Plan 3 \$5,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$1.66	\$2.59	\$5.02	\$6.75
25 - 29	\$2.36	\$3.65	\$5.72	\$7.81
30 - 34	\$3.37	\$5.20	\$6.73	\$9.36
35 - 39	\$5.14	\$7.91	\$8.50	\$12.07
40 - 44	\$8.63	\$13.29	\$11.99	\$17.45
45 - 49	\$14.17	\$21.94	\$17.53	\$26.11
50 - 54	\$20.97	\$32.67	\$24.33	\$36.83
55 - 59	\$29.04	\$45.42	\$32.40	\$49.58
60 - 64	\$41.87	\$65.56	\$45.23	\$69.72
65 - 69	\$57.04	\$88.89	\$60.39	\$93.05
70 - 74	\$39.16	\$61.61	\$40.96	\$63.84
75 - 79	\$50.09	\$78.17	\$51.89	\$80.40

**Plan 3 \$10,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$3.15	\$4.82	\$6.51	\$8.99
25 - 29	\$4.45	\$6.78	\$7.81	\$10.94
30 - 34	\$6.35	\$9.65	\$9.71	\$13.81
35 - 39	\$9.73	\$14.76	\$13.09	\$18.92
40 - 44	\$16.43	\$25.00	\$19.79	\$29.16
45 - 49	\$27.15	\$41.64	\$30.51	\$45.80
50 - 54	\$40.36	\$62.26	\$43.71	\$66.42
55 - 59	\$56.12	\$86.98	\$59.48	\$91.14
60 - 64	\$81.25	\$126.16	\$84.60	\$130.32
65 - 69	\$111.16	\$171.97	\$114.52	\$176.13
70 - 74	\$75.17	\$116.88	\$76.97	\$119.10
75 - 79	\$97.17	\$150.25	\$98.97	\$152.48

**Plan 3 \$15,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$4.64	\$7.06	\$8.00	\$11.22
25 - 29	\$6.54	\$9.91	\$9.90	\$14.07
30 - 34	\$9.33	\$14.10	\$12.69	\$18.26
35 - 39	\$14.32	\$21.62	\$17.68	\$25.78
40 - 44	\$24.22	\$36.71	\$27.58	\$40.87
45 - 49	\$40.14	\$61.33	\$43.50	\$65.49
50 - 54	\$59.74	\$91.85	\$63.10	\$96.01
55 - 59	\$83.20	\$128.54	\$86.56	\$132.70
60 - 64	\$120.62	\$186.76	\$123.98	\$190.92
65 - 69	\$165.29	\$255.05	\$168.65	\$259.21
70 - 74	\$111.18	\$172.14	\$112.98	\$174.37
75 - 79	\$144.25	\$222.33	\$146.05	\$224.55

**Plan 3 \$20,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$6.13	\$9.29	\$9.48	\$13.45
25 - 29	\$8.64	\$13.04	\$12.00	\$17.20
30 - 34	\$12.31	\$18.55	\$15.66	\$22.71
35 - 39	\$18.91	\$28.48	\$22.26	\$32.64
40 - 44	\$32.02	\$48.42	\$35.38	\$52.59
45 - 49	\$53.12	\$81.02	\$56.48	\$85.18
50 - 54	\$79.13	\$121.44	\$82.48	\$125.61
55 - 59	\$110.28	\$170.10	\$113.64	\$174.26
60 - 64	\$159.99	\$247.36	\$163.35	\$251.52
65 - 69	\$219.42	\$338.13	\$222.77	\$342.29
70 - 74	\$147.19	\$227.41	\$148.99	\$229.64
75 - 79	\$191.34	\$294.41	\$193.13	\$296.63

**Plan 3 \$25,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$7.61	\$11.53	\$10.97	\$15.69
25 - 29	\$10.73	\$16.17	\$14.09	\$20.33
30 - 34	\$15.29	\$23.00	\$18.64	\$27.16
35 - 39	\$23.49	\$35.33	\$26.85	\$39.49
40 - 44	\$39.82	\$60.14	\$43.18	\$64.30
45 - 49	\$66.11	\$100.71	\$69.47	\$104.87
50 - 54	\$98.51	\$151.04	\$101.87	\$155.20
55 - 59	\$137.36	\$211.66	\$140.72	\$215.82
60 - 64	\$199.36	\$307.96	\$202.72	\$312.12
65 - 69	\$273.54	\$421.22	\$276.90	\$425.38
70 - 74	\$183.21	\$282.68	\$185.00	\$284.91
75 - 79	\$238.42	\$366.49	\$240.22	\$368.71

**Plan 3 \$30,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$9.10	\$13.76	\$12.46	\$17.92
25 - 29	\$12.82	\$19.29	\$16.18	\$23.46
30 - 34	\$18.26	\$27.45	\$21.62	\$31.61
35 - 39	\$28.08	\$42.19	\$31.44	\$46.35
40 - 44	\$47.61	\$71.85	\$50.97	\$76.01
45 - 49	\$79.09	\$120.40	\$82.45	\$124.57
50 - 54	\$117.90	\$180.63	\$121.26	\$184.79
55 - 59	\$164.44	\$253.22	\$167.80	\$257.38
60 - 64	\$238.74	\$368.56	\$242.09	\$372.72
65 - 69	\$327.67	\$504.30	\$331.03	\$508.46
70 - 74	\$219.22	\$337.95	\$221.01	\$340.18
75 - 79	\$285.50	\$438.57	\$287.30	\$440.79

**Plan 3 \$40,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$12.07	\$18.23	\$15.43	\$22.39
25 - 29	\$17.01	\$25.55	\$20.36	\$29.71
30 - 34	\$24.22	\$36.35	\$27.58	\$40.51
35 - 39	\$37.26	\$55.90	\$40.62	\$60.06
40 - 44	\$63.21	\$95.27	\$66.57	\$99.43
45 - 49	\$105.06	\$159.79	\$108.42	\$163.95
50 - 54	\$156.67	\$239.81	\$160.03	\$243.97
55 - 59	\$218.60	\$336.34	\$221.96	\$340.50
60 - 64	\$317.48	\$489.76	\$320.84	\$493.92
65 - 69	\$435.92	\$670.46	\$439.28	\$674.62
70 - 74	\$291.24	\$448.48	\$293.04	\$450.71
75 - 79	\$379.66	\$582.72	\$381.46	\$584.95

**Plan 3 \$50,000 Primary Insured Coverage Amount**

Age Band	PI Only	PI & SP	PI & CH	PI & FAM
< 25	\$15.05	\$22.70	\$18.40	\$26.86
25 - 29	\$21.19	\$31.81	\$24.55	\$35.97
30 - 34	\$30.18	\$45.25	\$33.54	\$49.42
35 - 39	\$46.43	\$69.61	\$49.79	\$73.77
40 - 44	\$78.80	\$118.70	\$82.16	\$122.86
45 - 49	\$131.03	\$199.17	\$134.39	\$203.33
50 - 54	\$195.44	\$299.00	\$198.80	\$303.16
55 - 59	\$272.76	\$419.46	\$276.12	\$423.62
60 - 64	\$396.23	\$610.96	\$399.58	\$615.13
65 - 69	\$544.17	\$836.63	\$547.53	\$840.79
70 - 74	\$363.26	\$559.02	\$365.06	\$561.25
75 - 79	\$473.83	\$726.88	\$475.62	\$729.11

# Portability Request Form for Group Critical Illness Insurance

## Hartford Life and Accident Insurance Company (A stock insurance company)

Home Office: Hartford, Connecticut Phone: 877-320-0484



The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.

**Instructions:** 1) Please print clearly with blue or black ink and provide complete information. Required information is marked with an asterisk (\*). Missing information causes delays. 2) Please review the applicable benefit highlight/summary information prior to electing coverage. You and your dependent(s) (if applicable) are only eligible for coverage as allowed by the portability policy. 3) Please check the appropriate box(es) to elect coverage and enter amounts where necessary. 4) Please sign and date the form. 5) Submit the form as instructed at the end of the form. If you have any questions regarding this form, please contact The Hartford toll-free at 877-320-0484.

### GROUP INFORMATION

<b>Group/Employer Name*</b> Ensign Services, Inc.	<b>Group Policy Number</b> 681873	<b>Date of Hire (MM/DD/YYYY)</b>
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### APPLICANT INFORMATION

<b>Name*</b> (FIRST MI LAST)			<b>SSN or Tax ID*</b>	
<b>Date of Birth*</b> (MM/DD/YYYY)	<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Married/Partnered</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Applicant Type*</b> <input type="radio"/> Employee/Member <input type="radio"/> Spouse/Partner	
<b>Street Address*</b>		<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
<b>Email Address</b>		<b>Home Phone</b>	<b>Mobile/Cell Phone</b>	

### Consent to Email and Phone Correspondence

Check this box if you consent to receiving future correspondence regarding this request via email and/or phone.

### REASON FOR PORTABILITY REQUEST\*

**If you are an employee/member applicant, tell us why you are requesting this insurance and provide the date:**  
 Employment Terminated  Status Change/Reduction in Hours  Retired from Employer  Other: \_\_\_\_\_  
 Term Date: \_\_\_\_\_ Change Date: \_\_\_\_\_ Ret Date: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are a spouse/partner applicant, tell us why you are requesting this insurance and provide the date:**  
 Divorce  Death of Employee/Member  Other: \_\_\_\_\_  
 Date of Divorce: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Date: \_\_\_\_\_

### DEPENDENT INFORMATION (COMPLETE FOR ANY DEPENDENTS THAT ARE TO BE INSURED UNDER THE PORTABILITY POLICY)

<b>Spouse/Domestic Partner Name</b> (FIRST MI LAST) <input type="checkbox"/> N/A	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date Married/Partnered</b>
<b>Child Name</b> (FIRST MI LAST)	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Child Name</b> (FIRST MI LAST)
		<input type="checkbox"/> M <input type="checkbox"/> F	
		<input type="checkbox"/> M <input type="checkbox"/> F	

### CRITICAL ILLNESS INSURANCE ELECTION\*

#### Important critical illness insurance eligibility information:

- Any resident of CA, GA, NJ or NY (you or your dependent(s)) that does not have major medical insurance (or an equivalent) is not eligible for and should not be enrolled for this critical illness insurance.
- Any resident of CT, ID, ME, NH or WV (you or your dependent(s)) that participates in any Title XIX program (e.g. Medicaid or any similar name) is not eligible for and should not be enrolled for this critical illness insurance.
- Any resident of NY (you or your dependent(s)) that has coverage under any other critical illness or specified disease policy (e.g. cancer insurance) is not eligible for and should not be enrolled for this critical illness insurance.

Plan Type - Select One Option	Applicant Coverage Amount - Enter Amount Worksheet	Coverage Tier - Select One Option	Monthly Premium Amount - Enter Amount Worksheet
<input type="checkbox"/> Plan 1	\$ _____	<input type="checkbox"/> Applicant Only	\$ _____
<input type="checkbox"/> Plan 2		<input type="checkbox"/> Applicant & Spouse/Partner	
<input type="checkbox"/> Plan 3		<input type="checkbox"/> Applicant & Child(ren)	
		<input type="checkbox"/> Applicant & Family	

INITIAL PREMIUM PAYMENT CALCULATION*	
(1) Insert the Monthly Premium Amount for the plan, amount and coverage tier elected:	
(2) The initial billing frequency is quarterly (three months at a time/four payments per year):	3
(3) Multiply the monthly amount (1) by the billing frequency (2) to calculate the initial premium due:	

CONFIRMATION & SIGNATURE	
<p>By signing below, I confirm that I understand and agree to the following statements:</p> <ul style="list-style-type: none"> <li>• This request is subject to review and acceptance by The Hartford, and may be denied by The Hartford.</li> <li>• This request must be received by The Hartford within 91 days of the date that group critical illness insurance ceased under the employee's former group plan. Requests received more than 91 days after group critical illness insurance under the group plan ceased will be denied.</li> <li>• If this request is accepted by The Hartford, this insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the group critical illness portability policy.</li> <li>• The individuals covered under the group critical illness portability policy must satisfy the policy's requirements to be eligible for benefits. Payment of premium does not ensure eligibility for insurance.</li> <li>• If this request is accepted by The Hartford, the initial quarterly premium payment is applied from the first day of the month following the date that group critical illness insurance ceased under the employee's former group plan. The next premium payment will be due by the first day of the fourth month following the day insurance under the group plan ended.</li> <li>• If any premium is collected after eligibility for insurance under the group critical illness portability policy ceases, the unearned premium will be refunded in accordance with the terms of the policy.</li> <li>• Premium amounts will increase as the applicant enters a higher premium age category and may increase if the experience of the policy requires a change for all individuals insured under the policy.</li> <li>• I have read the "Important Notice – Fraud Warning Statements" that applies to my state of residence.</li> </ul>	
<b>Applicant Signature</b>	<b>Date of Signature</b>

FORM SUBMISSION INSTRUCTIONS
<p>1) Submit this completed and signed form with the initial quarterly premium payment (as calculated) to The Hartford as soon as possible after insurance has ended under the employee's former group plan.</p> <p>2) Make the check or money order for the initial quarterly premium payment payable to "The Hartford." Be sure to include the applicant's name on the payment.</p> <p>3) Mail this form and payment to:  The Hartford Portability &amp; Conversion Unit  PO Box 43786  Cleveland OH 44143-0786  Fax: 440-646-9339</p> <p>4) Keep a copy of the completed form for your records.</p>

END OF FORM – PLEASE REVIEW THE "IMPORTANT NOTICE – FRAUD WARNING STATEMENTS" ON THE FOLLOWING PAGE



# Portability Request Form for Group Critical Illness Insurance Important Notice – Fraud Warning Statements

## Hartford Life and Accident Insurance Company

Home Office: Hartford, Connecticut Phone: 877-320-0484

The Hartford® is The Hartford Financial Services Group, Inc., and its subsidiaries.



**Please read the statement that applies to your state of residence prior to signing the request form.**

**For residents of all states EXCEPT Arizona, California, Colorado, Florida, Kentucky, Maine, Maryland, New Jersey, New York, Oregon, Pennsylvania, Puerto Rico, Tennessee, Virginia and Washington:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**For Residents of California:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For residents of Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

**For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For residents of New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for insurance policy is subject to criminal and civil penalties.

**For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For residents of Oregon:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto that the insurer relied upon is subject to a denial and/or reduction in insurance benefits and may be subject to any civil penalties available.

**For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material hereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For residents of Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**For residents of Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.